

University of Wales Trinity Saint David

Certificate of Higher Education Skills for the Workplace  
(Health and Social Care)

Module: LCHS4003 – Introduction to Health and Social Care

## **Written Assignment – Component 2**

Case Study: Mr Ahmed

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## **Introduction**

Mr Ahmed is a 68-year-old man who was recently discharged from hospital following treatment for a stroke. He lives with his wife in a ground-floor flat and receives support from a domiciliary care agency three times daily to assist with personal care, medication administration, and meal preparation. Mr Ahmed's multidisciplinary team (MDT) includes his GP, a district nurse, domiciliary care workers, and a speech and language therapist. A significant concern has recently been raised regarding a missed home visit by the care agency, which resulted in Mr Ahmed not receiving his prescribed medication on time. This incident has been reported and is currently under investigation. Such failures in care are unacceptable and highlight the importance of effective systems in health and social care. This report will discuss effective communication, administrative skills and record-keeping, and multidisciplinary collaboration in the context of Mr Ahmed's care.

## **Section 1: Effective Communication**

Communication is very important in the care of Mr Ahmed. Mr Ahmed does not speak English well and needs help to communicate with his carers. His wife, who speaks fluent English, helps him in this. However, this is a significant challenge because Mr Ahmed must be able to understand important information about his medication and care needs from the professionals supporting him.

Berlo's (1960) SMCR Model of Communication identifies four key components: Source (sender), Message, Channel, and Receiver. In the context of Mr Ahmed's care, the care workers act as the source, whilst Mr Ahmed and his wife are the receivers. The channel of communication includes hearing, seeing, touching, and smelling. Since Mr Ahmed has limited English proficiency, verbal communication alone is insufficient. Therefore, care workers must adapt their communication to meet his linguistic and cultural needs, for example by using gestures, visual aids, and professional interpreters (Berlo, 1960).

The Equality Act 2010 provides every patient with the right to access care without discrimination, including discrimination based on language or nationality. In the case of Mr Ahmed, who speaks Bengali as his first language, this legislation is particularly relevant. Mr Ahmed has the right to access professional interpretation services, such as telephone interpreting, which is commonly used within NHS settings to facilitate communication between care workers and patients who have limited English proficiency (Equality Act, 2010). Furthermore, important information regarding Mr Ahmed's treatment, care plan, and medication should be made available in Bengali to ensure he fully understands his care.

Although Mr Ahmed's wife plays a valuable role in supporting communication, as she speaks fluent English, there are important limitations to relying solely on her as an interpreter. Family members may not be familiar with complex medical terminology, which could lead to misunderstandings or inaccurate translation of important clinical information

(Lee, 2021). This could potentially put Mr Ahmed at risk. Therefore, it is essential that a professional interpreter is provided to ensure that all medical information is communicated accurately and safely.

Non-verbal communication also plays a crucial role in supporting Mr Ahmed's care. It is important to find ways to communicate clearly so that Mr Ahmed does not feel excluded from decisions about his own care. Visual aids and pictures can be used to explain care tasks and procedures in a simple and accessible way. Gestures can also be highly effective in conveying meaning without relying solely on spoken language. Care workers should maintain a calm tone of voice, show patience, and use eye contact to build trust and rapport. Most importantly, Mr Ahmed should feel supported, valued, and understood throughout his care (White, 2021).

## **Section 2: Administrative Skills and Record-Keeping**

Effective record-keeping is a fundamental component of professional practice in health and social care. Accurate and up-to-date documentation ensures continuity of care, promotes patient safety, and supports accountability among all members of the care team (NHS, 2021). In the context of Mr Ahmed's care, a range of documents are used to manage his needs effectively. These include a care plan, which outlines his personal care needs, communication preferences, and individual approach to care. A Medication Administration Record (MAR chart) is used to document all medications administered, including the time, dose, and signature of the person who administered them. Daily progress notes are completed after each visit to record observations regarding Mr Ahmed's mood, appetite, and general wellbeing. Additionally, a food and fluid chart monitors his nutritional intake, and a risk assessment identifies potential risks such as falls or pressure ulcers.

The incident involving the missed home visit by the domiciliary care agency has significant implications for record-keeping and patient safety. When the care worker failed to attend, the MAR chart should not have been signed, as Mr Ahmed's medication was not administered. Any falsification of records, such as signing the MAR chart as though medication had been given when it had not, would constitute a serious breach of professional conduct and could result in disciplinary action or dismissal. Furthermore, the missed visit should have been recorded as an incident report, documented in the daily notes, and reported to the supervising manager. A missing entry in the documentation is equally problematic, as it may suggest that care was delivered when in fact it was not (NHS, 2021).

The Data Protection Act 2018 provides the legal framework governing how personal and sensitive information about patients is stored, accessed, and shared. All information that can identify Mr Ahmed, including his name, date of birth, NHS number, address, and medical records, is classified as personal data and must be handled in accordance with this legislation. The Act requires that data is collected lawfully, used only for its intended

purpose, kept accurate and up to date, stored securely, and not retained longer than necessary (Data Protection Act, 2018). In practice, this means that care workers must only access Mr Ahmed's records when required for his care, must not discuss his personal information outside of the workplace, and must ensure that all documentation is completed accurately and stored securely. Mr Ahmed also has the right to access his own records and request corrections if necessary. Failure to comply with the Data Protection Act 2018 can result in serious consequences, including loss of employment, financial penalties for the organisation, and a significant loss of patient trust.

### **Section 3: Multidisciplinary Team Collaboration**

Effective collaboration within a multidisciplinary team (MDT) is essential to ensuring that Mr Ahmed receives safe, coordinated, and person-centred care. The MDT involved in Mr Ahmed's care includes his GP, a district nurse, a speech and language therapist, and domiciliary care workers, each contributing specialist knowledge and skills to support his recovery and wellbeing (Lee, 2021).

The GP plays a central role in Mr Ahmed's care by diagnosing conditions, prescribing medication, monitoring his overall health, and referring him to other specialists such as the district nurse and speech and language therapist. The district nurse visits Mr Ahmed at home twice weekly to monitor his blood pressure, provide wound care, administer medication, and support the wider care team. The speech and language therapist assesses Mr Ahmed's communication and swallowing difficulties, which are common following a stroke, and recommends appropriate strategies and dietary modifications to ensure his safety. The domiciliary care workers visit three times daily to assist with personal care, meal preparation, and medication reminders, and are often the professionals closest to Mr Ahmed on a daily basis.

Effective MDT collaboration involves regular team meetings, shared documentation, and joint decision-making to ensure that all professionals are informed about Mr Ahmed's needs and any changes in his condition. Each member brings their own expertise, which together contributes to a higher quality of care, improved patient safety, and fewer errors. However, the recent incident involving the missed home visit highlights the risks that can arise when communication and coordination within the MDT breaks down. Without effective collaboration, there is a risk of duplication, gaps in care, and potentially serious harm to the patient. It is therefore essential that all members of Mr Ahmed's MDT communicate openly, update records promptly, and work together in a coordinated manner to safeguard his health and wellbeing (White, 2021).

### **Conclusion**

In conclusion, this report has examined three key aspects of Mr Ahmed's care: effective communication, record-keeping, and multidisciplinary teamwork. Mr Ahmed's situation

highlights the complexity of delivering safe and person-centred care to individuals who face language barriers and have complex health needs following a stroke. Berlo's (1960) SMCR Model demonstrates the importance of adapting communication to meet the needs of the individual, whilst the Equality Act 2010 ensures that Mr Ahmed's right to accessible care is protected. The Data Protection Act 2018 underpins the importance of accurate and confidential record-keeping, as demonstrated by the serious implications of the missed home visit. Finally, effective MDT collaboration is essential to ensure that all professionals work together seamlessly to provide coordinated, safe, and high-quality care. The incident involving the missed visit serves as an important reminder that when systems fail, it is ultimately the patient who is most at risk. Health and social care professionals must therefore remain committed to upholding the highest standards of communication, documentation, and teamwork in order to protect the wellbeing of service users such as Mr Ahmed.

## References

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